



New Jersey Department of Children and Families Policy Manual

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Initial Assessment Introduction 11-29-2010

"Initial Response" means all those activities conducted by the Division between State Central Registry (SCR) receipt of a child protective services (CPS) report, a child welfare services (CWS) referral, or an application/request for services, and the time a family is either terminated or becomes service active in the CP&P Case Management Program. The initial response begins when screening is completed by SCR and a decision is made that a response is necessary.

The initial response includes the assigned Worker's first contacts with the child victim(s), other children in the household, the parent(s) or the child's caregiver(s), and, when applicable, the alleged perpetrator. When SCR determines that CP&P will conduct either a CPS investigation or a CWS assessment, the assigned Worker must respond in person, face to face.

At first contact, the assigned Worker gives the client CP&P Form [18-32](#), Parents' Handbook, and a State of New Jersey, Department of Children and Families Notice of Privacy Practices, DCF Form HIPAA 1.A.1, and requests that the client sign CP&P Form [11-50](#), Acknowledgement of Receipt of Notice of Privacy Practices. The Worker documents in the investigation narrative, or on a web-based Contact Sheet, CP&P Form [26-52](#), that the Handbook and NPP were provided.

The initial response may include the provision of services needed on an emergency basis. Initiate intervention under the umbrella of the agency's mission, to ensure the safety, permanency, and well-being of children and to support families. See [CP&P I-A-1-100](#), The Vision, Mission and Guiding Principles for Child Welfare Services.

Child Abuse/Neglect Investigations 11-29-2010

In child abuse/neglect situations, the initial assessment looks beyond risk to the child and identifies underlying factors that may have caused risk to develop. Substance abuse or mental illness (or both) may be apparent. Begin interventions to assure the continued safety and well-being of the child. See [CP&P II-C-5-800](#).

The initial assessment also looks at how well the family is able to function and cope, seeking to identify the family's strengths. See Structured Decision-Making policy, [CP&P-III-B-6-600](#).

During the assessment process, identify the areas of family life that have fallen apart. Was the family ever able to function in these areas? Are there extended family members who can help? Seek to determine what services would help, and who should provide needed service.

There are situations in which a child has been harmed, but it simply is not possible to determine what happened. In these situations, supervision and proactive provision of services are appropriate until the assigned Worker can either confirm or discount risk.

While most casework activities are conducted alone by the assigned Worker, there are some situations in which a teamed response is required, a teamed response may be appropriate, or police assistance may be warranted. "Teamed Response" means utilizing a two-person team to conduct an investigation, assessment, or other case-related activity in order to assure the safety of a Worker or child, or to provide other support to the Worker, child, or family in providing the most appropriate service to the client family. See [CP&P-IX-A-1-100](#), Worker Safety Issues and Teamed Field Response (Buddy System). See [CP&P II-C-4-100](#), Cooperation Between CP&P and Law Enforcement.

Non-Child Abuse/Neglect Situations 11-29-2010

In non-child abuse/neglect situations, the assigned Worker must determine whether there is a service need that CP&P, rather than another component within the Department of Children and Families or a community agency, should address.

In general, non-child abuse/neglect service applications (i.e., child welfare service - CWS - referrals) are voluntary. CWS referrals should come from members of the immediate family or from a professional who has come to know the family through his or her job. Referrals are not generally accepted from neighbors, friends, or non-immediate family members. However, if the SCR Screener determines that special circumstances exist that should cause a CWS referral to be made from one of these sources, this can occur with supervisory approval (i.e., an override at screening).

Court Orders/Referrals 11-29-2010

Some referrals from the Court may not be voluntary for either the family or for CP&P. See [CP&P II-A-3-300](#) on CWS Referrals.

If there is any doubt as to the Division's obligations regarding a court referral or court order, the assigned Supervisor at the Local Office consults the Casework Supervisor, and, as necessary, the DAG.

Provision of Services 11-29-2010

Services may be an important preventative measure -- to provide intervention with the family as if the risk were real. The Worker offers services and provides information that will help the family to accept services directed toward specific goals for a specified period of time.

Supervision cannot be provided without either: a) parental consent (the application for child welfare services is on the [Form 26-81](#), Case Plan Assessment); or b) an order from the Superior Court, Chancery Division, Family Part.

Some non-child abuse requests for service may raise concerns regarding risk to a child. Sometimes a child's physical injuries are suspicious, but could plausibly be accidental. A family's situation or actions may raise red flags about risk, but the parent's behavior falls short of child abuse/neglect and would not be enough to justify a court order, as determined through conferencing with the Deputy Attorney General (DAG).

60-Day Program 11-29-2010

All activities comprising the Initial Response Program must be completed within 60 calendar days of case assignment from SCR. In emergency situations, all activities may be completed in one day.

If a key individual -- i.e., child victim, other child residing in the household, alleged perpetrator, parent/caregiver, or other person involved in the situation -- cannot be located or contacted within those 60 days, seek an extension. See [CP&P-II-C-5-100](#).

The activities, investigation (including making a finding determination), initial assessment, case recording documentation (the Investigation Summary, DCF Form [2-1](#), or the CWS Assessment Summary, DCF Form [3-1](#), Case Activity Notes, etc.), and the Case Plan (CP&P Form [26-81](#), Case Plan Assessment), if a case is to be opened for services, must be completed by the assigned Worker and approved by his or her Supervisor in NJ SPIRIT in no more than sixty (60) calendar days from the date the

CPS report/CWS referral was assigned from the SCR Centralized Screening Operation to the Local Office for investigation/response.

- The Worker completes case recording within 45 days of case assignment;
- The Supervisor reviews and approves the work within the final 15 remaining days.

The report/referral must be prepared for closing or transfer to the Case Management Program (i.e., a service case is opened and a Permanency Worker is assigned; [CP&P-II-C-5-100](#)) within those initial 60 days.

The assigned Worker informs the family whether CP&P will continue to provide services beyond the Initial Response Program, providing written notification within the 60 day Initial Response period.

The Division shall further document the Case Plan in NJS at least once every six (6) months after the initial documentation. In addition, a new Case Plan is required whenever a new risk factor is identified.

Initial Assessment Guidelines 4-4-2005

"Assessment" means the gathering of information, evaluation of the information gathered to determine the client's service needs, and the determination of who shall provide the needed services." (N.J.A.C. 10:133-1.3)

An assessment of the family's service needs shall be conducted during or following a child abuse/neglect investigation as well as when child welfare services are requested. An assessment shall begin promptly based upon an initial determination of the immediacy of the needs of the child and his or her family for the service sought or required. The Division shall complete an assessment no less frequently than once every six months during the period of service delivery.

The assigned Worker -- the Investigator for a CPS, the Worker for a CWS -- shall gather the majority of information necessary to make an assessment through personal interviews with family and household members.

The purpose of an assessment is to:

- Evaluate the circumstances of the child, his or her family, and the community, including the child's need for safety and protection;
- Identify whether child welfare services are needed;
- Identify which specific services can meet the needs of the child and his or her family; and
- Identify who shall provide those services.

The assigned Worker informs the family of the steps the Division will take in order to complete the assessment.

The assigned Worker informs the family in writing within 60 calendar days from the date of receipt of the CPS report at SCR (for a child abuse/neglect investigation) or receipt of the referral (for a CWS) whether CP&P will continue to provide services beyond the Initial Response Program.

Information Gathering 12-22-2003

The Worker shall gather identifying information about the family members. The Division shall gather the majority of the information necessary to make an assessment through personal interviews with family members who are available. Personal interviews may take place in the client's home, in the CP&P Office or other location where confidentiality can be maintained. It is usually necessary to do a thorough assessment, to observe the client family's living arrangements. Tape recording -- including audio recording and video recording -- is not an acceptable method for routine information gathering for case recording purposes. Tape recording in-person contacts or telephone conversations is prohibited. See [CP&P-IX-G-1-200](#).

The Worker shall interview the mother of a newly referred boarder child prior to her approved discharge from the hospital.

The Worker may request written information from agencies and others who may have information about the family which is necessary to determine the family's need for child welfare services, in accordance with the provisions of N.J.S.A. 9:6-8.40, and 30:4C-11 and 12, as applicable.

The Worker may interview any person who, by virtue of his or her relationship to the child, family, perpetrator or incident, can reasonably be determined to have information necessary to complete the assessment.

When necessary to complete a CPS investigation and to ensure the safety of the child, the CP&P Worker may contact neighbors, extended family members, or others who are likely to be familiar with, and/or close to, the client family. (The objective is to elicit relevant information from the collateral information source, without disclosing more client information than is absolutely essential.)

When a referral or request for services is received and no child maltreatment has been alleged or is suspected, the intake Worker interviews all immediate family members and other appropriate persons in person to assess the family's problem(s), each family member's perception of the problem(s), and the course of action each family member would like to take. The following are questions the intake Worker needs to address:

- Who needs services and why?
- Who in the family wants services? For whom?
- Why are services needed?
- Are the services available from the Division? Is the family eligible for them?
- What will the services accomplish?
- What does the family think services will accomplish? Are family members' expectations realistic?
- Do family members' motives, goals or expectations clash with each other? Is anybody opposed to services or to Division involvement?
- Can the service be appropriately provided by an agency or service provider other than the Division?
- Can a neighbor, extended family member, family friend, church member or parishioner, or other acquaintance be of help?

When the case concerns a Safe Haven infant, the LO Worker contacts the hospital to obtain a copy of the child's medical chart, where identifying and non-identifying information is documented. If the child was first brought to the police station, obtain a copy of the police incident report as well. See [CP&P-IV-C-6-100](#).

Interviewing Witnesses and Making Additional Collateral Contacts/Calls 12-22-2003

Collateral contacts are made when collateral information is necessary to:

- determine whether the child has been abused/neglected by providing new information or by corroborating or verifying already collected information;
- determine whether each child in the household is safe;
- assess the family's needs/problems;
- determine the types of intervention needed; or
- arrange for services.

This information is gathered before, after and/or during the initial field response as circumstances require. Collateral contacts may provide the Worker with a better understanding of:

- family relationships and functioning;
- family resources;
- patterns of behavior;
- credibility of the principals of the investigations;
- time schedules of family members; or
- medical and social history of family members.

Considerations Included in the Assessment 2-10-94

In making the assessment provided for in Assessment of Service Needs, below, the Worker shall consider, at a minimum, the following:

- whether a child has been abused or neglected and the risk of child abuse or neglect;
- the child's medical, physical, educational, and psychological strengths and problems;
- the parents' own strengths and weaknesses and their problems related to the child;

- the willingness of the family to provide care and protection relative to the child's needs;
- the ability of the family to provide care and protection relative to the child's needs;
- the appropriateness of the requested or provided services and the projected outcome if the parent and child receive or do not receive the requested or indicated service;
- the availability of appropriate supports from relatives;
- availability of appropriate community and social service supports;
- the ability of the family to pay for or contribute to the cost of the services; and
- the degree to which the parent and child understand their rights, responsibilities and services they may receive and their impact upon the family.

Over the course of the intake period, the worker also identifies the family's strengths, its areas of competency -- areas in which the family as a whole or as individual family members function well, and the family's successes. These successes and strengths are important because they can be used to form a base on which the family can, with the help of the worker and other service providers, build and expand its confidence and its coping skills. It is also important for the worker in building his or her relationship with the family (and important to the family's esteem as well) to point out to family members the areas in which they do well, even if these areas are not directly related to the issues CP&P is concerned with.

Assessment of Service Needs 3-5-97

The Worker in conjunction with the family and service providers, shall determine what services are needed to meet the family's needs.

The Worker shall determine whether the services are available and whether the services will be provided by the Division or other service providers.

The Worker shall conduct an assessment of:

- the child welfare service needs of the child and family;
- whether services are needed on an emergency basis;

- what child welfare services the child and family want;
- whether any services already provided are alleviating the family's problems;
- whether the child and family will accept or continue to accept services;
- what services are needed or continue to be needed to prevent out-of-home placement; and
- what services are needed to reunify a child with his or her family when the child is in out-of-home placement.

During the initial assessment, the Worker works in conjunction with the parents, the child if appropriate to participate, and agencies involved with the family to determine a course of action. Family members must be encouraged to participate actively in the case planning process.

The Worker and the immediate supervisor consult regularly to ensure that a thorough assessment is completed and that an appropriate case plan is developed. The Supervisor may be an active participant in interviewing and developing the case plan.

The Worker is direct and clear with the family about what services are available from the Division about any differences between what the worker sees as the family's issues and problems and what the family itself sees, and about how realistic the family's expectations are.

Harm/Risk to the Child/Youth 3-5-97

The terms "harm" and "risk" as used in the assessment are meant to include emotional, psychological, developmental and other non-physical and physical damage that may have occurred or may occur in the foreseeable future to a child as a result of any actions or inaction, intentional or unintentional, of the parents, school, community, the child himself or others, as well as the risks and harms, both physical and non-physical, that are the result of abuse or neglect. See [CP&P-II-C-5-700](#) and [CP&P-II-C-5-110](#).

The Worker, in consultation with his Supervisor, assesses the child's/youth's needs and the risk of harm to the child if he remains in or is returned to the home. Factors which contribute to the risk faced by a child include:

- child's or family's problem(s) in the areas affecting social, educational, emotional growth and development;

- the child's age;
- the child's ability to care for and protect himself;
- previous history of abuse or neglect;
- the ability and willingness of others in the home to make changes needed and/or to protect the child;
- the perpetrator's access to the child and ability and willingness to refrain from abusing or neglecting the child again;
- the location and severity of prior injuries or harm;
- the stress on the family;
- the physical condition of the home.

Each of these factors must be thoroughly assessed. A determination of risk or need cannot be made based on only one or two of these factors.

In cases involving domestic violence referred from Family Court, in which input from CP&P is requested before a visitation order is issued, a risk assessment tool, if provided by the court, shall be used.

Parent's and Family's Willingness 2-10-94

The willingness of each parent to meet needs and provide care and protection to the child must be determined. Willingness includes willingness to change their inappropriate, ineffective, or harmful behavior, if present, and to use necessary support services. The voluntary surrender of custody of a child for adoption can be a positive decision for the child and the parents and is seen as willingness on the part of the parent to plan for the child.

If the parents are willing but need help to meet needs, care for and protect the child, or, if they are unwilling, relatives, neighbors and friends either named by the parent(s) or identified and located by the Worker must be contacted to determine if they can provide all or part of the necessary care or support while the parent takes advantage of services delivered by other agencies.

Parent's and Family's Ability 12-1-2001

Each parent's ability to meet the needs of the child and to provide the specific care and protection which the child needs must be assessed. If the parents are totally or partially unable to meet the needs or to provide care and protection, the relatives, neighbors and friends must be assessed on their ability to care for and protect the child. Ability to parent is assessed based on those factors which are appropriate such as:

- past functioning in a parent role, including strengths and weaknesses, current functioning as a parent to other children;
- history of criminal and/or violent behavior or documented evidence of rehabilitation;
- relationship with the child, including the willingness of the child to stay with the family;
- current relationship of adults in home with each other;
- with CP&P in planning and implementing the case plan;
- adequacy of the home to meet the child's physical needs (a bed or crib for the child, furniture, utilities, working kitchen appliances and bathroom fixtures);
- maintenance of the home in a safe and sanitary condition;
- provision of food, clothing and medical care;
- use of accepted/mandated measures to minimize the risk of injury to the child in daily life (e.g., use of age appropriate bicycle helmets, child passenger restraint system or booster seat while in an automobile ,etc.);
- and mental health which is sufficient to meet basic life requirements;
- willingness to accept appropriate services and participate in case planning to address the needs/problems of the child/family;
- freedom from debilitating dependence on drugs or alcohol.

A clinical, psychological or psychiatric evaluation may be valuable in assessing ability to parent if the parent has or appears to have a mental disability.

Community and Social Service Supports 2-10-94

A determination must be made as to the types of support and services needed by the parents and children.

The availability of supports necessary for the parents or caregivers to provide care is assessed. The Local Office Directory of Community Resources may be consulted.

Supports which may be utilized to address the child's or family's problems include:

- income assistance,
- employment assistance,
- day care and other respite care,
- homemaker service,
- housing,
- education,
- psychological therapy,
- specialized medical services,
- transportation,
- parenting skills training, and
- recreation.

The availability of the services for family members and their willingness to avail themselves of services must be ascertained and documented.

The process of assessment includes obtaining facts and making observations which cover the relevant points in each of the four factors. Risk assessment is an on-going process which does not end during initial assessment. However, the final determination of risk cannot be made until the willingness and ability of family members and natural supports are evaluated and community supports are assessed for appropriateness and availability. The Worker completes the assessment process with the guidance, direction and support of the Supervisor.

Hearing Impaired Clients and Applicants for Services 2-10-94

The Division of the Deaf and Hard of Hearing (DDHH) operates an interpreter referral service which can assist CP&P in assessing hearing impaired clients or applicants for services. Upon request and advance notice, DDHH will provide CP&P with an interpreter for the hearing impaired. See [CP&P-II-C-3-100](#).

Blind and Visually Impaired Clients and Applicants for Services 2-10-94

In the event that a blind or visually impaired person is a client or applies for services, pertinent documents may be enlarged for the visually impaired client or applicant to complete. Forms may be read to a blind applicant and completed with the assistance of the Worker. Documents which require a signature should be witnessed by a person chosen by the client or applicant. Materials also can be recorded and given to the client or applicant. Contact the Policy Development Unit for assistance, if necessary. See [CP&P-II-C-3-200](#).

NATIVE AMERICAN INDIAN CHILDREN 6-5-2006

In the event that a Native American Indian child is a client or applies for services, the federal Indian Child Welfare Act of 1978 (ICWA) and regulations issued subsequent to the law's enactment apply. A child who is not married, and either a member of a federally recognized Native American Indian tribe, or eligible for membership in a federally recognized Indian tribe and the biological child of a member of an Indian tribe, is governed by the federal law and regulations.

It should be noted that there are no federally recognized Indian tribes in New Jersey at this time. However, any case involving a Native American Indian child from a federally recognized out-of-state tribe is covered under ICWA. In addition, it is recommended that efforts be made to carry out the spirit of ICWA in relation to all New Jersey state recognized tribes, and to children who are not members of either state or federally recognized tribes, but who identify themselves as "Native American Indian." For information regarding state and federally recognized tribes, go to:

http://www.500nations.com/500_Tribes.asp.

ICWA requires child welfare agencies (including CP&P) and the courts to take certain actions throughout the life of a case, including, but not limited to:

- Identify the child's Indian heritage and status early. Ask the child and his or her parent or guardian if he or she is a member (or eligible to become a member) of a federal or state-recognized Native American Indian tribe. If so, determine where the tribe is located, and how to contact tribal officials. If the identity or location of the Indian parent, guardian, or tribe cannot be determined, send a letter to the Bureau of Indian Affairs (BIA) by registered mail with return receipt

requested, asking if they can assist in identifying the child's parent and/or tribal affiliation.

Please note that NJ does not have a BIA representative. For assistance with a Native American issue, contact the Bureau of Indian Affairs, Eastern Regional Office as follows: Franklin Keel, Regional Director, 711 Stewarts Ferry Pike, Nashville, Tennessee 37214; phone # 615-467-1700.

If the tribe cannot be identified and located, the person does not fall within the provisions of ICWA.

- Notify the child's parents and tribe of the child's involvement in any child custody proceedings initiated by CP&P.
- Follow placement preferences for children entering out-of-home placement.
- Make active efforts to prevent placement of Indian children.
- Make active efforts to reunify Indian children with their families.

Note: The "active efforts" requirement is a higher level of effort than "reasonable efforts," as defined in [CP&P III-B-2-200](#). Discuss this with a Supervisor and/or DAG.

If a Native American Indian child requires placement, see [CP&P-IV-B-2-200](#).

Procedures Related to Intake-Assessment (Continuing Involvement, In-Home Cases) 11-29-2010

RESPONSIBILITY	ACTION REQUIRED
Worker	<ol style="list-style-type: none">1. Have in-person contact with the client/family within the indicated field response time frame and begin assessment/investigation. See CP&P-II-C-2-300, Timeframes for Initial Response.2. Consult the County Prosecutor, if the case meets specified criteria. See CP&P-II-C-4-200, section titled Conditions Reportable to the Prosecutor. Follow up, as appropriate - share information within the limits of confidentiality, provide written reports, etc.3. Assess child safety. Complete CP&P Form 22-22, Safety Assessment (In-Home Cases). Complete

	<p>for CPS cases only.</p> <ol style="list-style-type: none"> 4. Immediately conference the case with the Supervisor by cell phone from the field/client home, if a safety factor is found, the child is in imminent danger. Develop a Safety Protection Plan or remove the child. See CP&P-III-B-6-600. 5. If the child appears to be safe (i.e., no factor is checked “yes”), the Worker and Supervisor conference the case within three work days of the field contact. 6. At first contact, give the client CP&P Form 18-32, Parents’ Handbook; discuss the Handbook with the family. 7. At first contact, give the client DCF Form HIPAA 1.A.1, State of New Jersey, Department of Children and Families Notice of Privacy Practices. Explain the form. Seek and obtain client signature on CP&P Form 11-50, Acknowledgement of Receipt of Notice of Privacy Practices, to acknowledge his or her receipt of the HIPAA form. 8. Ask the client to sign CP&P Form 26-15, Authorization for Release of Information, and prepare collateral requests for information to hospitals, doctors, schools, etc., as applicable when necessary. 9. Prepare CP&P Form 21-7, Request for Information Pursuant to N.J.S.A. 9:6-8.40, if appropriate case for transfer from Initial Response to Case Management within 60 calendar days of case assignment from SCR.
Worker or Supervisor	<ol style="list-style-type: none"> 10. Make collateral contacts to gather needed information. Record additional contacts on Case Activity Notes in NJS (printable as CP&P Form 26-52, Contact Sheet).
Worker	<ol style="list-style-type: none"> 11. Engage the family. Hold a Family Team Meeting in accordance with CP&P-III-B-5-500. Develop the Case Plan (CP&P Form 26-81) with the family. 12. Assess risk; complete Form 22-23, New Jersey CP&P Family Risk Assessment, in NJ SPIRIT,

	<p>after the safety assessment (Form 22-22) is completed and an investigation finding determination is made. (Complete risk assessment form in CPS cases only.) See CP&P-III-B-6-600.</p> <p>13. Complete other SDM tools, as applicable.</p>
Worker and Supervisor	<p>14. Conference the case. Discuss the investigation findings, if applicable; identify family dynamics, strengths, and service needs; consider safety and risk; establish the case goal. Discuss Worker safety issues, if relevant.</p> <p>15. The Supervisor provides guidance, direction, support, and instruction to the Worker, as needed.</p> <p>16. Hold additional conferences as the investigation and assessment proceeds.</p>
Worker	<p>17. Complete Form 2-1, the Investigation Summary, or Form 3-1, CWS Assessment Summary, in NJ SPIRIT within 45 days of assignment from SCR; approve the work in NJS (electronic approval).</p> <p>18. Complete the Case Plan, Form 26-81, in NJS within 45 days of assignment from SCR; approve work electronically.</p> <p>19. Complete Form 26-50, Resource Sheet, per form instructions.</p> <p>20. Notify client of service status, using form letter, Form 26-62</p> <p>21. If notification has been requested, notify reporter (referral source) that the assessment has been completed. Complete and send form letter Form 26-64</p>
Supervisor	<p>22. Review Form 2-1, Investigation Summary, or Form 3-1, CWS Assessment Summary; the Worker's Contact Activity Notes; and the Case Plan, Form 26-81.</p> <p>23. Approve work electronically in NJS within 60 calendar days of case assignment from SCR.</p>

Clerk	<p>24. Establish a “paper” case record to support the electronic case record maintained in NJ SPIRIT.</p> <p>25. Set up the paper case record to maintain original documents, forms, reports, etc., that are not available in electronic format.</p> <p>26. Record the case name and the case identification number on the white case record label and the Pendaflex folder label.</p> <p>27. Separate and chronologically file case documents in the case record according to subject matter and color code (litigation material, third party information and correspondence, major health information, fiscal material).</p> <p>28. Prepare case for transfer from Initial Response to Case Management within 60 calendar days of case assignment from SCR.</p>
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For a comprehensive description of the intake process in child protective service cases, see Child Protection Investigation Workflow in [CP&P-II-C-5-100](#).